Saskatchewan
Health

ROSETOWN HEALTH REGION NO. 7 ANNUAL REPORT

1990 – 1991

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ROSETOWN HEALTH REGION ANNUAL REPORT
1990-1991

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REGIONAL DIRECTORS ANNUAL REPORT

Jean Porter

On behalf of the staff of Health Region No. 7, I am pleased to present the annual report for the fiscal year 1990-91. This report contains highlights of activities and selected statistics to give an overview of activities and trends in Health Region #7 this year.

There was a major change in the administrative positions in the region as of October 1, 1990. Dr. Paul Schnee, Medical Health Officer/Regional Director and Lloyd Onishenko, DRSS, who were based in Saskatoon were "detwinned" from Rosetown Region. At the same time I became "detwinned" as Regional Nursing Supervisor for Saskatoon Rural Region and assumed the duties of Acting Regional Director in addition to Regional Nursing Supervisor for Health Region No. 7. Karen Brown, Clerk Typist III, was appointed as Clerk Steno IV with a working title of Manager of Support Services.

In the six months since this change was initiated it seems this is a more workable solution to the problem of staff reductions than the twinning concept. There is, however, a strain on the clerical staff as Karen's time available for routine clerical tasks is minimal due to the heavy demands of the new duties she has assumed. We have not been successful in our request for additional clerical staff.

The addition of a computer to our office equipment last fiscal year has proven valuable in that much of our information that must be frequently updated has been placed on the computer. Significant saving of time results from making changes only, instead of completely retyping. The staff have taken various courses to increase their skills and knowledge in the use of computers and are making the best use possible.

We were pleased to have the opportunity to upgrade our office space in Kerrobert with a final move to new rooms on the lower floor of the Medical Building in February. The new quarters are safer, more attractive and workable. We appreciate the cooperation of the Kerrobert Union Hospital Board and Administrator, Ed Krysanowski, in planning, organizing and making the move.

Our region submitted an application for a Team Building Grant which was approved. We were fortunate to work with Terri Conway, Director of Staff Development, Human Resources Branch. Two days were spent with all staff attending. The first day was spent in looking at our team needs, strengths and weaknesses. We identified our goals and then what we needed to do to strengthen our team. Since the majority of staff had concerns about conflict, the second day was spent in learning about how people deal with conflict and how to become more constructive in such situations. We will continue to work on areas that people have identified as needs by

providing and encouraging learning opportunities for both groups and individuals.

In April supervisory staff attended an orientation to the Employee Recognition Program in Regina. This was an excellent opportunity to hear about the program and meet with our counterparts and other supervisors.

Lloyd Onishenko acted as facilitator for Consensus Sask. meetings in the region. This was a large commitment of time in the months of May and June. Lloyd became ill following this and was absent from work for several weeks.

Last spring the Rosetown office began participating in a work experience program for High School Students. Since then we have had 2 senior high school students spend 2 hours per day for six weeks at our office learning about office procedures as well as about the work of public health workers. The students do some clerical tasks, thus providing some relief for our clerical staff as well as learning some of the work that must be done in an office.

In November, several staff members took part in the annual workshop for Nursery School Teachers. This project is carried out by the "Early Childhood Team" with rotation of disciplines taking part mostly every second year.

The Public Health Act is under review by the Legislative Review Committee for our branch. In January, Karen Brown, MSS, Dave Smith, PHI II, and I attended a seminar to discuss issues concerning the new act. This was an excellent opportunity to work with a mixture of disciplines and understand the viewpoint of others.

Dr. Paul Schnee, Medical Health Officer, resigned his position with Saskatoon Rural effective February, 1991 to assume the Medical Health Officer duties at Saskatoon Community Health. Dr. Schnee has been our Medical Health Officer intermittently for several years. Our staff appreciated his support and encouragement over the years. We wish him well in his new position.

We have been fortunate to have Dr. Michael Reesal of North Battleford Region to provide Medical Health Officer coverage for our region upon Dr. Schnee's resignation.

Rosetown Health Region has came through another year of tremendous change. We note that our population is declining, especially in the age groups that include young families. The depressed farm economy has affected all of us in both our personal and professional lives. Our long term plans are based on the changes that are taking place in the region. We will be challenged to provide quality service that meets people's needs in an increasingly sparse population. We will be constantly evaluating the balance between delivery of service and economic feasibility.

I would like to thank the staff and the Regional Board Members for their cooperation, assistance and support as I assumed the role of Acting Regional Director. I would also like to compliment all staff for the excellent job they are doing in their respective roles as part of the Prevention Health Team.

Jean L. Porter

Jean Porter
Acting Regional Director

PERSONNEL CHANGES

Resignations

Dianne Shaw, Public Health Nurse I, Biggar - April 30, 1990

Bernard Grela, Speech Language Pathologist, Rosetown
- transferred to Regina Rural September, 1990

Kay Olson, Clerk Typist (part-time) Kindersley - Nov. 30, 1990

Fay St. Marie, Public Health Nurse I, Rosetown - March 7, 1991

New Staff

Lil Schmiess, Clerk Typist II (temporary) - May 1, 1990

Colleen Martens, Speech Language Pathologist - November 5, 1990

Rosalind Regnier, Public Health Nurse I, Biggar - Jan. 8, 1991

Leslie Omness, Clerk Typist II (part-time) Kindersley
- February 5, 1991

Leaves

Carolyn Hoppe, Public Health Nurse I, Rosetown
- Maternity Leave (LWOP) - February 28/90 - March 1/91

Susan Brooks, Clerk Steno II, Rosetown
- Maternity Leave (Def. Leave) - April 1/90 - Oct. 31/90
- Returned to work part-time - November 1/90

Doreen Briggs, Public Health Nurse I (part-time), Kerrobert
- Maternity Leave (LWOP) - returned June 1/90

Brenda Smith, Public Health Nurse I (part-time), Outlook
- Maternity Leave (LWOP) - returned September 1/90

Other

Jackie Wylie, Public Health Nurse I and Brenda Anderson, Public Health Nurse I commenced position sharing - November 1/90

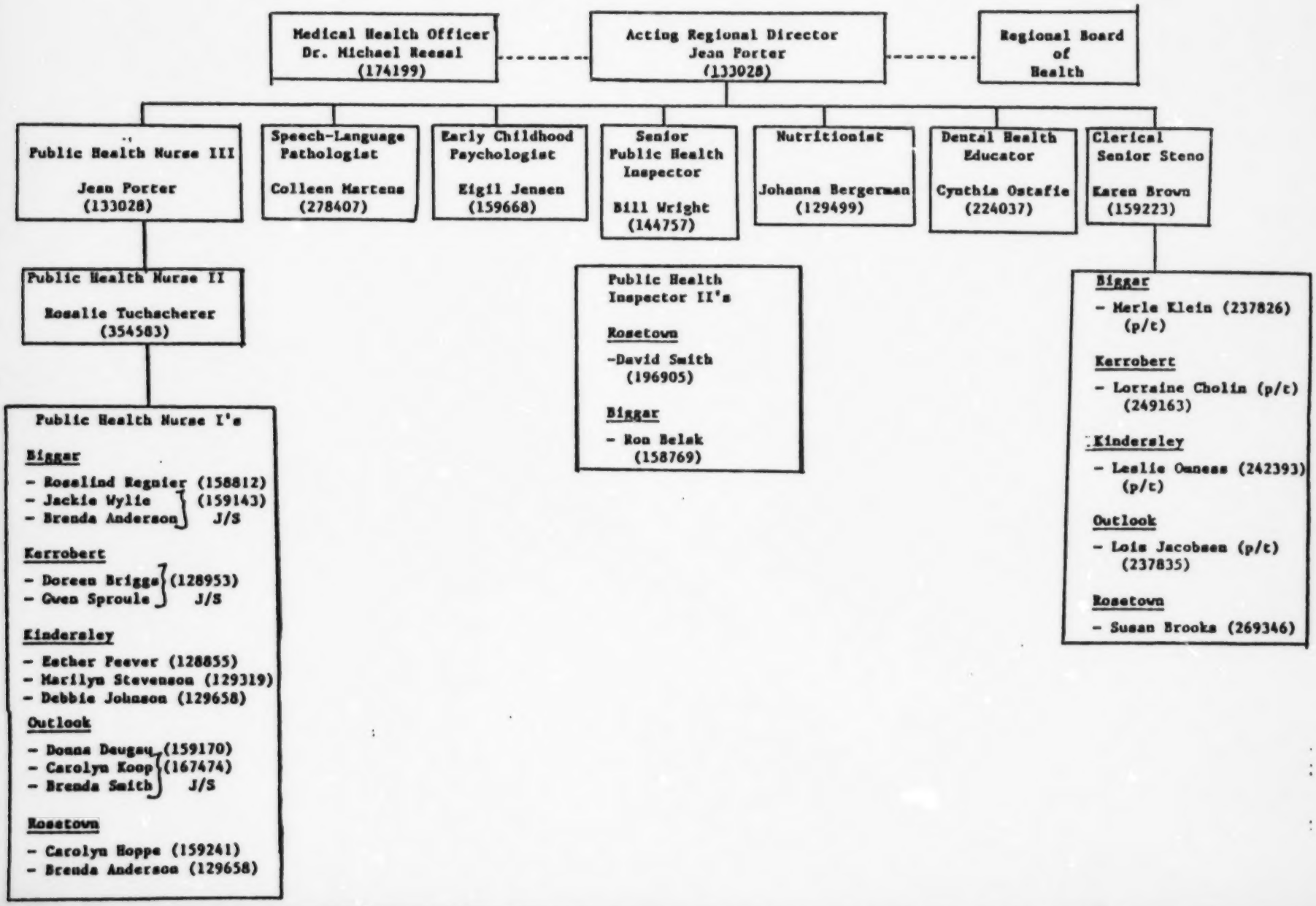
EVERYONE WINS GRANTS - 1990-91

Health Region No. 7

Location	Name of Organization	Grant Amount
Kindersley	Building Bridges (conference)	$ 1,000.00
Outlook	Canadian Diabetes Asso. "Diabetes Lifestyle classes"	$ 610.12
Rosetown	Rosetown Union Hospital "Physical Safety Program for Employees"	$ 700.00
Rosetown	Central High School "Positive Lifestyles Seminar"	$ 1,000.00
Biggar	Kinette Club Biggar & Dist. "Nobody's Perfect"	$ 387.00

ROSETOWN HEALTH REGION

Regional Organizational Structure (March 31, 1991)



HEALTH DISTRICTS - MUNICIPAL HEALTH REPRESENTATIVES
(As of March 31, 1991)

**Indicates Board Member

HEALTH DISTRICT #1

MUNICIPALITY	REPRESENTATIVE	MUNICIPALITY	REPRESENTATIVE
Elrose	Ed Johnson	Plato	Nora Turner
Kyle	Dave Bottorff	Sovereign	Theresa Olson
Outlook	Grace Derdall	Wiseton	Marilyn Coakwell
Rosetown	Subhas Maharaj	Coteau Beach	Vacant
Zealandia	Louise MacDonald	R.M. #225	Marlene Stubson
Beechy	** Keith Andrews	R.M. #226	Glenda Braun
Birsay	Isabelle Coates	R.M. #228	David Brown
Bounty	Kenneth R. Smith	R.M. #255	Jorgan Odegard
Broderick	Norman Young	R.M. #256	Melody Neiman
Conquest	Douglas R. Ball	R.M. #257	Karin Sothmann
Dinsmore	Yvonne Arntsen	R.M. #284	Aldrich Solnicka
Glenside	Dorothy Rosa	R.M. #285	Don Clark
Lucky Lake	Barry Alm	R.M. #286	Ruth Jensen
Macrorie	Roland Janzen	R.M. #287	** Anne Bechard
Milden	Yvonne Lachapelle	R.M. #288	William Stables

HEALTH DISTRICT #2

Biggar	Louise Domashovitz	Springwater	Veril Bourk
Arelee	Dale Sparks	Tessier	Brenda D. Johnson
Cando	Rosalind Guran	R.M. #316	Pearl McKenzie
Dodsland	Fran Babiuk	R.M. #317	** Lorene Curtis
Handel	Steve Fruhstuk	R.M. #318	Carmel Waddington
Harris	Margaret Corrigan	R.M. #319	Mary McIntosh
Herschel	Debbie Rea	R.M. #346	Earl McMahon
Kelfield	Faith Weese	R.M. #347	Eal Danychuk
Kinley	Douglas J. Harder	R.M. #349	** Betty Bateman
Perdue	Kelly Dwyer	R.M. #376	George Radchenko
Plenty	Maxine Woods	R.M. #377	James D'Arcy
Ruthilda	Brian Shuttle	R.M. #378	Imelda Garrett

HEALTH DISTRICT #3

Eatonia	Carol Pivtoran	Netherhill	Judy Shaver
Eston	Charline Martin	Smiley	Noreen Lowe
Kerrobert	Denny Johnston	Tramping Lake	Joseph Kolhman
Kindersley	Ivy Nokelby	R.M. #259	Alfred D. Salfi
Luseland	Ronald Zimmer	R.M. #260	Ken McBride
Alsask	Earl Beswatherick	R.M. #261	Ray Somerville
Brock	** Linda Dagg	R.M. #290	William Schmidt
Coleville	Sid Philipow	R.M. #292	Barry Sonmor
Flaxcombe	Vacant	R.M. #320	Sid Philipow
Glidden	Vacant	R.M. #321	Noreen Lowe
Loverna	Audrey Peat	R.M. #322	Archie Ashbacher
Madison	Judy Douglas	R.M. #350	** Marjorie Woodley
Major	Louise Kollman	R.M. #351	Hartmut Tischler
Mantario	Yvette Golightly	R.M. #352	Mike Stang
Marengo	Richard Reichert		

ROSETOWN HEALTH REGION POPULATION AT JUNE 30,1990

	1989			1990		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
UNDER 1	308	261	569	260	294	554
1 - 4	1,342	1,335	2,677	1,271	1,218	2,489
5 - 14	3,321	3,079	6,400	3,303	3,045	6,348
15 - 24	2,799	2,445	5,244	2,632	2,326	4,958
25 - 64	9,570	8,920	18,490	9,360	8,708	18,068
65 - 74	1,865	1,923	3,788	1,833	1,954	3,787
75+	1,060	1,480	2,540	1,140	1,554	2,694
TOTAL	20,265	19,443	39,708	19,799	19,099	38,898

VITAL STATISTICS

BIRTHS	DEATHS	INFANT DEATHS	NEONATAL DEATHS	PERINATAL DEATHS	STILL BIRTHS	INFANT DEATH RATE	PERINATAL DEATH RATE
567	341	2	1	2	1	3.53	3.52

NUMBER OF BIRTHS OCCURRING IN ROSETOWN HEALTH REGION IN 1990

AGE		10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 +
Total	567	0	21	120	242	149	30	5	0
Married	504	0	5	95	227	142	30	5	0
Other	63	0	16	25	15	7	0	0	0

DEATHS OF HEALTH REGION NO. 7 RESIDENTS, 1990

CAUSES OF DEATH	TOTAL	M	F	AGE 15	AGES 15 - 64	AGES 65 +
All Causes of Death	341	182	159	5	110	276
Other Bacterial Diseases	1	1	0	0	0	1
Cancer	86	53	33	1	25	60
Endocrine & Metabolic Diseases	11	4	7	0	2	9
Mental Disorders	2	2	0	0	1	1
Diseases of the Nervous System	11	4	7	1	1	9
Diseases of Heart & Blood Vessels	144	67	77	0	12	132
Other Disease of Circulatory System	7	5	2	0	1	6
Other Diseases of Respiratory System	31	22	9	0	1	30
Diseases of Other Systems	18	4	14	0	1	17
Musculoskeletal & Connective Tissue	2	1	1	0	1	1
Congenital Anomalies	1	0	1	1	0	0
Conditions in Perinatal Period	1	1	0	1	0	0
Transport Accidents	11	8	3	1	9	1
Accidental Falls	5	3	2	0	0	5
Other Accidents, late effects	4	3	1	0	2	2
Symptoms & Ill-Defined Conditions	3	2	1	0	1	2
Suicide & Self-Inflicted Injury	3	2	1	0	3	0

COMMUNICABLE DISEASE REPORTED
April 1, 1990 - March 31, 1991

	1987/88	1988/89	1989/90	1990/91
Amoebiasis	0	0	0	1
Campylobacter	12	12	5	16
Chickenpox	47	133	98	100
Diphtheria Cases	0	0	0	0
Food Poisoning	0	0	0	0
Gastroenteritis (E. Coli)	2	2	2	1
Giardiasis	25	19	24	22
Hepatitis A	0	4	1	3
Hepatitis B - Cases/Carriers	3	1	3	1
Measles (Rubeola)	57	0	3	0
Meningitis/Encephalitis (Total)	9	3	0	1
Haemophilus	1	1	0	1
Pneumococcal	2	1	0	0
Other Bacterial	4	0	0	0
Viral	0	1	0	0
Meningococcus	0	0	0	0
Mononucleosis (Infectious)	12	0	5	0
Mumps	2	1	3	0
Pertussis (Whooping Cough)	1	13	4	4
Rubella	4	1	3	2
Salmonellosis	16	7	18	9
Shigellosis (Bacilliary Dysentery)	1	1	1	0
Typhoid	1	0	0	0
TB Respiratory	0	1	1	2

MEDICAL HEALTH OFFICER ANNUAL REPORT

Michael R. Reesal, M.D.

It is an honour to consult with the Rosetown Region (RTHR) as Medical Health Officer and to present some observations on Community Health in this Region.

Concern for the health of our communities is being expressed by individuals from many walks of life in Saskatchewan: those who speak for the family or community, those immediately concerned with the viability of their local industry, and those who control resources at several levels of our administration and Government. Ultimately, the responsibility for monitoring, advising and maintaining several essential components of Public Health rests mainly on the services offered by the Community Health Services Branch of Saskatchewan Health. The management, planning and directions facilitated by our Executive Director of this Branch, L. Jane Knox, made it possible for each member of the staff to respond admirably by personal commitment and dedication. Today, we wish to share with our community this feeling of significant and rewarding accomplishment and satisfaction.

To determine what has been done and what needs to be done, a review of annual statistics provides the basis for objective analysis. Each program head has summarized accomplishments in this way. Several new directions have been pursued, reflecting responses to changing environments, social and economic conditions. An essential part of this program is the review of morbidity and mortality statistics.

Out of a registered Saskatchewan (Sk.) population in mid-1990 of 1,029,352, although there were only 222 more females than males, 899 more male deaths occurred among the 9,953 deaths recorded by the Province as a whole.

Although this predominance in male deaths is observed within each age group, (Table 1) the principal cause varies from one age group to another. Thus among those less than fifteen, congenital anomalies and deaths during the perinatal period of life were responsible for 48 male deaths compared to 29 among females. 27 males compared to 17 under fifteen years of age died from accidents. Notice from Table 1 how the principal causes of accidental death shifts from "fires and flames" in the youngest age group to automobile accidents, suicide-homicide and finally "falls" among those over 75 in whom the sex difference is less apparent. The need is obvious for adopting different approaches for the prevention of death and disability at the different stages of life.

The accident rates in Saskatchewan are 3.9% accidents/100 population for the cities and 1.4% for the rural areas. Towns and villages under 250 in population had a slightly higher accident rate (1.7%) than towns and villages over 250 (1.38%). Rosetown

(2.25%), Kindersley (2.15%), Biggar (2.0%) and Kerrobert (2.1%) all exceeded the expected frequency of accidents.

Consider the following in regard to automobile accidents, (Table 2, 3).

- Seatbelt use reduces the chance of being ejected from a motor vehicle during a traffic accident.
- Fatalities due to ejection were down by 24% in 1988 and 1989 compared to 1986. (Occupant restraint programs were introduced in Sk. in April 1988).
- In 1988 and 1989, 22 fatalities and 632 injuries have been prevented by increased restraint use compared to what would have occurred if restraint use had remained at 60%.
- An additional 26 fatalities and 619 injuries would have been prevented, had restraint use improved to 95%.
- Further effort is required for increasing the use of proper child restraint, back seat passengers, drivers of light trucks and vans.
- Principally among those who do not obey occupant restraint regulations are young drivers, male drivers, drinking drivers. (Sk. Highways and Transportation).

The population in the Rosetown Health Region as a whole conforms with age distributions noticed in the Province as a whole, (Table 5). However, the Town of Rosetown shows a shift to the right, also observed in Outlook and Kerrobert. Kindersley, the largest town in the RTHR shows a distribution in population typical for the Province as a whole with a high 0-19 population of 32%, and a low 65+ of 13%.

As the population ages, death from cancer, heart disease and respiratory disease become increasingly important causes of death. Cancer was responsible for the death of one in every four persons, 25% of those who died in Sk. A similar trend was observed in the RTHR where 25% of deaths were attributed to this disease. Bowel and genitourinary tumours accounted for the majority of cancer deaths. We are reminded of the strong adverse relationship between respiratory cancer and cigarette smoking; between bowel cancer and low roughage diets.

The relationship between disease and diet is emphasized by deaths from ischemic heart disease (IHD). 23% of deaths in Sk. were ascribed to IHD; RTHR contributed 4% of the total.

Respiratory diseases, the majority of which are directly linked with cigarette smoking comprised 17% of the total mortality observed in the Province. Emphysema, pulmonary heart disease and lung cancer take the greatest toll. In this region, more women died from cancer of the breast (7), than from cancer of the lung (4). Three times as many men (12), died from cancer of the lung, than women from this disease. More than the expected number of persons dies from genitourinary cancer 5.2% at most 4% were expected. Most of those deaths occurred in men (M/F = 13/5), presumably mainly from cancer of the prostate.

Of the 567 births registered in the RTHR region, representing 3.5% of the total Sk births, 21 (3.7%) occurred in the 15-19 age group. The Rosetown Health Region, in contrast to other regions, runs an infant death rate and perinatal death rate of 3.53 and 3.52, well below the 7.67 and 7.15 average for the Province.

Today, children living in a healthier environment are able to thrive successfully without the threat of several communicable diseases against which they are being immunized: diphtheria, whooping cough, tetanus, poliomylitis, haemophilus influenzae, measles, mumps, and german measles. Adults receive protection against influenza and rabies. The success of these endeavours are reflected in the health of people in this region.

It has been a please to work with the staff and I look forward to meeting other health care workers in the region during the coming year.

Michael R. Reesal, M.D.
Medical Health Officer, North Battleford

TABLE 1
PRINCIPAL CAUSES OF ACCIDENTAL DEATHS
ACCORDING TO AGES AND SEX; (1990 - SK)

	MALES	FEMALES	PRINCIPAL CAUSE
<15	27	17	Fires, Flames and Poisoning
15-24	74	22	Traffic (49); Suicides (30)
25-44	124	35	Suicides (66); Traffic (46)
45-64	73	22	Traffic (27); Suicides (26)
65-74	42	12	Traffic (20); Suicides (14)
75+	68	50	Falls (66); Suicide (13)*
TOTAL SUICIDES	119	28	
TOTAL TRANSPORT	126	29	

*Exclusively Male

TABLE 2
ACCIDENTS (1989 - SK): MORBIDITY, MORTALITY, COST

Personal Injury on All Road Systems		5,521
Fatal		
	Automobiles	157
	Bicyclists	4
	Motocyclists	3
	Occupants of Farm Equipment	9
	Pedestrians	15
	Snowmobiles	3
	Riding outside vehicle	1
Estimated Property Damage		$88,863,614

TABLE 3
ACCIDENTS INVOLVING ALCOHOL
BY AGE AND BY DATE OF WEEK
AND BY TIME OF DAY

AGE	%
<21	27.1
21.25	20.8
26-35	26
>21.8	21.8
Unknown	4.4

DAY	%
Saturday	26.8
Sunday	19.9
Monday	4.5
Tuesday	6.7
Wednesday	8.7
Thursday	9.9
Friday	15.4

TIME OF DAY	A.M.	P.M.
1	6.3	1.3
2	7.9	1.1
3	11.8	1.9
4	6.5	1.9
5	5	2.7
6	3.6	3.4
7	2.2	3.4
8	1.7	4.1
9	1.2	4.1
10	1.1	4.8
11	0.6	5.7
12	0.8	6.7

Between 40-50% of automobile accidents involve alcohol; the highest risks are identified among males less than 2l years of age driving on Friday, Saturday and Sunday nights from 11:00 p.m. to 5:00 a.m.

TABLE 4

NUMBER OF DEATHS BY CAUSE, AGE GROUP AND SEX
OCCURRING IN SASKATCHEWAN IN 1990
FOR HEALTH REGION # 7 ROSETOWN-BIGGAR-KINDERSLEY

	TOTAL	ALL AGES		< 15		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES OF DEATH	341	182	159	3	2	6	1	6	5	27	15	47	31	93	105
03 OTHER BACTERIAL DISEASES	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0
08 M N OF LIP,ORAL CAVITY,PHARYNX	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0
09 M N OF DIGESTIVE ORGANS,PERITONEUM	21	11	10	0	0	0	0	0	1	2	2	5	2	4	5
10 M N OF RESPIRATORY & RELATED ORGANS	16	12	4	0	0	0	0	0	0	7	1	4	3	1	0
11 M N OF BONE,SKIN,BREAST	9	2	7	0	0	0	0	1	0	0	2	1	3	0	2
12 M.N. OF GENITOURINARY ORGANS	18	13	5	0	0	0	0	1	0	0	0	4	2	8	3
13 M N OF OTHER & UNSPECIFIED SITES	12	9	3	0	0	1	0	0	0	2	1	1	1	5	1
14 M N OF LYMPH & HAEMOPOIETIC TISSUE	8	5	3	0	1	0	0	0	0	2	1	1	0	2	1
17 OTHER & UNSPECIFIED NEOPLASM	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0
18 ENDOCRINE & METABOLIC DISEASES	11	4	7	0	0	0	0	0	0	0	2	1	1	3	4
21 MENTAL DISORDERS	2	2	0	0	0	0	0	0	0	1	0	0	0	1	0
22 DISEASES OF THE NERVOUS SYSTEM	11	4	7	1	0	0	0	0	1	0	0	0	1	3	5
25 RHEUMATIC FEVER/HEART DISEASE	3	0	3	0	0	0	0	0	0	0	0	0	0	0	3
26 HYPERTENSIVE DISEASE	5	5	0	0	0	0	0	0	0	1	0	1	0	3	0
27 ISCHAEMIC HEART DISEASE	72	36	36	0	0	0	0	0	0	5	2	15	3	16	31
28 PULMONARY & OTHER HEART DISEASE	32	15	17	0	0	1	0	0	0	1	0	1	4	12	13
29 CEREBROVASCULAR DISEASE	32	11	21	0	0	0	0	0	1	1	0	1	1	9	19
30 OTHER DISEASES OF CIRCULATORY SYSTEM	7	5	2	0	0	0	0	0	0	0	1	4	1	1	0
32 OTHER DISEASES OF RESPIRATORY SYSTEM	31	22	9	0	0	0	0	0	0	1	0	6	1	15	8
34 OTHER PARTS OF DIGESTIVE SYSTEM	14	2	12	0	0	0	0	0	1	0	0	0	6	2	5
35 DISEASES OF URINARY SYSTEM	4	2	2	0	0	0	0	0	0	0	0	0	0	2	2
43 MUSCULOSKELETAL & CONNECTIVE TISSUE	2	1	1	0	0	0	0	0	0	0	1	1	0	0	0
44 CONGENITAL ANOMALIES	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0
45 CONDITIONS IN PERINATAL PERIOD	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0
46 SYMPTOMS & ILL-DEFINED CONDITIONS	3	2	1	0	0	0	0	0	0	1	0	0	0	1	1
E47 TRANSPORT ACCIDENTS	11	8	3	1	0	3	1	3	0	1	1	0	1	0	0
E50 ACCIDENTAL FALLS	5	3	2	0	0	0	0	0	0	0	0	0	0	3	2
E52 OTHER ACCIDENTS,LATE EFFECTS	4	3	1	0	0	0	0	0	0	1	1	1	0	1	0
E54 SUICIDE AND SELF-INFLICTED INJURY	3	2	1	0	0	1	0	1	1	0	0	0	0	0	0

TABLE 5
AGE DISTRIBUTION IN THE TOWN OF ROSTOWN
COMPARED WITH THE PROVINCE, RESERVES AND THE RTHR

AGE	PROV.	RES.*	RTHR	RT	KN	BG	OK	KT
0-19	31	52	31	27	32	27	27	29
20-44	38	36	34	31	40	36	30	32
45-64	17	9	18	17	14	19	17	17
65+	13	3	17	24	13	18	26	32
TOTAL POP.	1,029,352	62,827	38,898	2,599	5,004	2,378	2,209	1,219
			3.78%					

Prov. - Province of Saskatchewan
*Res - Reserves
RTHR - Rosetown Health Region
RT - Town of Rosetown
KN - Kindersley
BS - Biggar
OK - Outlook
KT - Kerrobert

* There are no reserves in the Rosetown Health Region; the comparison is with age groups in that population.

PUBLIC HEALTH NURSING ANNUAL REPORT

Jean Porter

The Public Health Nurses of Health Region No. 7 have continued to provide a high level of service to the people of our region despite being almost two full positions short in nursing days provided. The position at Biggar was vacant 8 months, the other shortage was made up of leaves for various reasons. The shortage required that all staff participated in covering the vacant areas. Priority services were carried out, eg. Prenatal and Postnatal contacts, CHC, School Work, and the SAIL respiratory program, remaining time was allocated to other activities (if possible). It is difficult to assess the effect of staff shortage on prenatal services because the number of requests for classes has declined more than the decline in births would account for. In 1989-90, 22% of mothers attended prenatal classes but in 1990-91 only 15% of mothers attended prenatal classes in the region. We have no way to identify if the number of first time mothers has declined in the same way.

The new program - PHN Support for Pregnant Adolescents - received 9 referrals in 1989, but only 3 in 1990. A seminar for professionals dealing with pregnant adolescents was held in Rosetown in March, 1991. This helped those attending to understand the services provided by workers who have contact with pregnant adolescents and teen parents. Although the turn out of personnel other than health was poor, perhaps the information about the program will remind them of the need to refer.

The D.D.S.T. was evaluated previously and usage as a screening tool was discontinued due to the low numbers of referrals based on it. The D.D.S.T. is good background information but the range of "normal" is too broad. As a result, children with less severe problems are not picked up.

School services were increased in the vision screening area as the children who were 6 years old in 1990 and 9 years old in 1990 were screened. The results were not available yet but 93% of 1986 target population was seen and 99% of the 1981 population. A province wide evaluation of the vision program is being done based on statistics collected in the calendar year 1990. This evaluation also includes children who were 4 years old in 1990 (born in 1986). These children were screened at CHC.

Adults and senior adults (over 65 years) were seen at 277 home visits and 430 office or other visits. Although this group of people are seen for chronic and communicable disease follow up, and other health matters, the majority of contacts were in regard to SAIL respiratory equipment, ie., 52% of home visits and 30% of other contacts.

243 referrals to other agencies were made, not including those from the Infant and Preschool Core Program. Nurses met with representatives from other agencies on 627 occasions and attended 33 meetings outside of contacts with Community Health - Prevention Services Branch.

We continue to either visit or contact postnatal mothers within 30 days of delivery if possible. This year 517 postnatals were seen or contacted by phone (95.4% of births). This is an important contact in establishing baseline information about the new infant and encouraging attendance at CHC for immunization.

CHC services were improved this year with the move to Elrose Health Care Facility and Luseland Medical Clinic. We appreciate the previous facilities donated by the respective communities but feel the new facilities are more in keeping with the services we provide. Twenty-two CHC's are in operation, offering 5176 appointments to serve infants and preschool children in the region. 4242 appointments were made. 404 appointments were not kept - this is a rate of 9.52%. Despite regular reminders we seem to be making little headway in reducing the number of "no shows".

From the statistics we can see that the services of immunization are the most highly utilized, however a significant number of children were seen at times when immunization was not given - namely at age 3 - 409 of target population 613 were seen (66.72%). Screening for speech development is done at age 3 as well as general growth and development, nutrition and hearing. Four year old children are assessed for growth and development, and nutrition, screened for hearing and vision, in addition to immunization against diphtheria, pertussis, tetanus and polio. 597 4 year old children were seen, which is 92.9% of the target population.

Two important programs were initiated this year - "Postpartum Support Program" and "Nobody's Perfect".

Postpartum Support Program

The "Postpartum Support Program" was developed by Health and Welfare, Canada, to provide consistency in information to mothers at delivery and at home by promoting sharing of information by health professionals in hospitals and community. The program has been developed in pilot projects and was introduced in May, 1990 to certain Saskatchewan Hospitals. It will be expanded over the next years. Several H.R. #7 hospitals have already started the program which PHN's support and continue teaching at home based on topics covered at the hospital.

Nobody's Perfect

The "Nobody's Perfect" program was also developed by Health and Welfare, Canada, to assist disadvantaged parents of children 0-5 years in learning more about parenting and child care. Two

PHN's from H.R.#7 attended the facilitators course in October, 1990 and will be implementing programs in the coming year.

This report highlights a few statistics and activities but can not begin to illustrate the breadth and depth of the work the PHN is involved in. I would like to thank the staff of Public Health Nurse I's and especially ,Rosalie Tuchscherer, Public Health Nurse II, who does so much to keep the high quality of Public Health Nursing going. I also want to express thanks to the support staff who assist in ensuring the nursing programs are delivered as required.

PUBLIC HEALTH NURSING SELECTED STATISTICS

	1988/89	1989/90	1990/91
General			
Nursing Days	1706	1886	1616
Home Visits Made	1222	1251	910
Contacts (office, other)	--	--	1889
Prenatal Programs			
Home Visits	61	77	50
Other Interviews/Contact	151	216	161
Prenatal Classes Held	100	82	69
Total Mothers Attending	149	123	86
Total Fathers Attending	135	99	82
Postnatal Programs			
Home Visits Made Within 30 Days of Delivery	506	481	399
Other Interviews/Contacts	139	166	208
Child Health Conferences			
Child Health Centres in Operation	22	22	22
* Number of Appts. Available	5431	5203	5176
Number of Appts. Made	4859	4489	4242
Number of Appts. Kept	4364	3961	3756
Total Number of Children Seen	4831	4300	3917
Immunization - Infants & Preschool			
Diphtheria, Tetanus, Whooping Cough (4th dose, series completed)	695	550	580
Polio Vaccine (series Complete)	672	554	565
Mumps, Measles, Rubella (MMR)	615	567	594
Haemophilus B Influenza Vaccine (HIB)	505	520	518
School Health Services			
Total School Enrolment	7908	7705	7638
School Presentations	88	144	106
Student Attendance at Presentation	1979	3213	1891
Number of Students Seen for Service other than Immun.	3811	4310	3168
Number of Students Immunized:			
Diphtheria, Tetanus (Reinforcement)	546	567	549
Polio	555	614	551
Rubella	288	38	10
Measles, Mumps, Rubella (MMR)	3	31	18

* Based on the average yearly births of 586.6**, the minimum potential number of appointments required for the year would be 4517. Each child must come at least seven times to receive the services recommended. Additional appointments are needed for other reasons and to allow some flexibility for parents.

** This average is based on children who attend CHC in H.R. #7

NUMBER OF PRESCHOOL CHILDREN ATTENDING CHC IN H.R. #7 PER BIRTH YEAR

1986 - 642

1987 - 613

1988 - 578

1989 - 558

1990 - 542

Average yearly births of children attending CHC:

$$\frac{2933}{5} = 586.6$$

SELECTED STATISTICS OF SERVICES TO CHILDREN AT CHC

Yr.of Birth		Target Pop.	Coverage %
1990 (0-1 yr)	- 1533 doses of Diphtheria, Whooping Cough & Tetanus (DPT) 3 doses 1 series = 511 children	542	94.3%
	- 1552 doses of Polio Vaccine 3 doses 1 series = 517 children	542	95.3%
1989 (1-2 yr)	- 594 doses of MMR (Mumps, Measles, Rubella)	558	106.5%
	- 580 - 4th doses DPT	558	103.9%
	- 565 - 4th doses of Polio Vaccine	558	101.2%
	- 518 doses HIB vaccine (Haemophilus Influenza Type b)	558	92.8%
(These immunizations should all be completed by 2 years)			
1987 (3 yr)	- 409 - 3yr old children seen	613	66.72%
1986 (4 yr)	- 597 - 4yr old children seen at clinic	642	92.9%
	- 586 - reinforcement doses DPT	642	91.27%
	- 582 - reinforcement doses Polio Vaccine	642	90.65%

These statistics are an indication of the coverage of the infant and preschool population. Because of the recording based on calendar and fiscal years, and SHSP statistics, there will be slight variations.

SAIL VISITS AND OFFICE CONTACTS

	Home Visits	Other Contacts
Infants	6	13
Preschool	11	23
School	7	11
Adults	27	48
Senior Adults	119	82

PUBLIC HEALTH INSPECTION SERVICES

Bill Wright

The 1990 inspection objectives continued to be the safeguarding of the health of the public from physical, chemical and biological hazards. Education either through organized courses or on an informal basis received major emphasis. The administration of provincial regulations and policies that govern the wide range of environmental conditions throughout the region was the other area of emphasis.

Staffing:

1990 saw the inspectional staff remain at two full-time PHI II's - Dave Smith and Ron Belak and a twinned Senior PHI. We were also able to use the services of the PHI Trainee from Saskatoon Rural for several weeks during the summer. At this time it does not appear that we will see the creation of a position within the region to replace the one lost from Kindersley.

Programs:

All facilities requiring Licenses or a Permit to Operate were given high priority.

a) Food - all food handling facilities were inspected at least once during the year and several required more than one inspection due to complaint or deficiencies.
b) Accommodation - Year end inspections of hotels, motels, mobile home parks and trailer courts were completed as required by the regulations. A listing of all mobile home parks/trailer courts and their deficiencies was completed for central office.
c) Education - Dave and Ron conducted several National Sanitation Training Programs (Safe Food Handling) throughout the Region, over 200 persons successfully completed the course. Dave Smith was involved in teaching several Level I and Level II Pool Operator Courses in the province.

During the last year several court cases throughout Canada have brought to light the precarious position that PHI's are in with regards to liability. The results of these cases have indicated the following:

1. If mandated by legislation to do an inspection and inspection not done - liable
2. If required inspection completed but problems missed - liable

3. If required inspection completed and action to have

problems corrected not done - liable

Current staffing levels are resulting in all three of the above.

In conclusion, I would like to thank and commend both Dave and Ron for the excellent work and cooperation over the last year. They both set a very high inspectional standard. They have extended themselves above and beyond normal requirements to maintain the high standards they expect. The assistance, dedication and help of the secretarial staff has been invaluable.

The statistical information that follows is in a new format this year due to a change in September of the PHI Information Program. As a result of this change and problems with the old system the stats are based on a 7 month period not the regular 12 months.

PUBLIC HEALTH INSPECTION STATISTICS

FACILITY TYPE	# Insp. Req'd/ Year	# Premises	% Premises Inspected Once	# Field Visits	# Hours Consult	# Hours Field Visits	# Hours Formal Insp.	% Work Load
Food Eating Establishments	1	194	64.9	104	57.8	68	108	11.8
Food Distribution	1	72	6.9	15	14.3	8.5	11.5	1.7
Food Processing	1	24	12.5	5	23.8	4	5.5	1.7
Liquor Outlets	1	55	74.5	33	19	19	29.3	3.4
Institution/ Housing	1	60	20	20	17.5	13.5	9.3	2
Licensed Accommodation	1	72	79.2	42	16	22.3	37.8	3.8
Swim Pool/ Water Themes	1	19	21	6	15.5	6	2.8	1.2
Recreational/ Public Facilities	1	54	46.7	44	40.5	35.8	11.8	4.5
Public Water	1	76	11.8	11	12.5	8	4.5	1.3
Communal Water	1	2	0	0	601.5	0	0.4	
Other	N/A	N/A	N/A	537	128	72.4	N/A	10.2
TOTAL		618	33.75%	817	350.8	259	220.5	42

PUBLIC HEALTH INSPECTION STATISTICS

ACTIVITY	NO. OCCURANCES	TOTAL HOURS	% WORKLOAD
Samples	3.00	5.50	0.03
Complaints:			
Sewage	24.00	16.50	0.80
Garbage	9.00	6.50	0.30
Food	14.00	10.50	0.50
Other	14.00	10.00	0.50
Land Use Referrals	35.00	25.50	1.30
Public Education	4.00	41.80	2.10
Surveys/Projects	49.00	34.00	1.70
Legal Action	0.00	0.00	0.00
Disease Investigation	45.00	26.00	1.30
Travel	N/A	425.00	21.50
Staff Development	N/A	102.00	5.20
Staff Meetings	N/A	93.00	4.70
General Administration	N/A	348.00	17.70
TOTALS	197.00	1144.30	57.90

PUBLIC HEALTH NUTRITION ANNUAL REPORT

Johanna Bergerman

Nutrition services for Saskatoon Rural and Rosetown Health Regions continue to be provided from the shared nutrition position headquartered in Saskatoon.

A total of 53 group presentations were given to 955 people in the Rosetown Health Region. Forty of these presentations were to community groups, thirteen were for professional inservice.

Consultative services, which provide information, materials and advice continue to be given to both public and professional staff. Consultations regarding individuals including screening and counselling continues to be provided as well.

Newspaper articles are also written and provided to the local newspapers. These articles have, since January, 1991, been made available on a weekly basis rather than a monthly basis.

Highlights of the Nutrition Program over the past year are:

Eat Smart for Your Heart Programming

Public recognition of the importance of a healthy diet for the prevention of heart disease has resulted in increased demand for related nutrition information and education. Workshops and grocery shopping tours have helped meet some of this demand. Eight classes and fifteen grocery shopping tours were provided in the past year.

Project Apex

Work was completed on a Project Apex pamphlet. This pamphlet was the result of collaboration with Saskatoon City Health and the Family Foundation. It is intended to make parents and teachers aware of the nutrition and physical fitness conditions of our youth. A supplementary community development pamphlet was also produced.

Prenatal Weight Screening

These cards are now available and are being provided to pregnant mothers. This is an important tool for public health nurses, to provide in the community, to help mothers become aware of poor weight gain and the risk of poor pregnancy outcomes.

Breastfeeding Promotion

The World Health statement on the protection, promotion and support of breastfeeding, entitled Innocenti Declaration was released in August, 1990.

The Saskatchewan Breastfeeding action group based in Saskatoon has worked cooperatively with Continuing Nursing Education to produce a pamphlet on breastfeeding to be used by the new post partum support program in Saskatchewan. This group has also worked with Continuing Nursing Education to provide inservice on breastfeeding to both hospital and public health nurses.

Nutritional Assessment Program of Community Health Clinics

The nurses actively participated with me in a review of the nutrition assessment presently being done in well baby and preschool clinics. Inservice was also given to the nurses on the National Health and Welfare guidelines for Nutritional Care of Preschoolers.

Information tearsheets given out in clinic were revised.

Policy Formation/Challenges

The less visible work of the nutritionist is to ensure that nutrition is an important component in policies affecting the health of individuals and communities. Influencing change and providing input into such areas as hospital policy related to infant feeding practices, school feeding policies, labelling regulations and standards related to national guidelines is ongoing. Bringing an adequate standard of care to communities required adequate staffing levels. A ratio of one public health nutritionist per 50,000 populations has been recommended by the National Summary Report of the Scientific Review Committee and the Communications/Implementation Committee (1990). The current ratio in Rosetown and Saskatoon Rural regions is one nutritionist for 90,000 people.

To meet this need, I have been actively involved in the Community Nutrition Internship Program providing more than 20 weeks of training for nutrition degree students over the past year. It is through this unique program that nutrition students become available as community nutritionists.

Conclusion

Much of what has been accomplished has only been possible through the support of many people, staff and community volunteers alike. A thanks is extended to all who have been involved. I look forward to your continued support.

PUBLIC HEALTH NUTRITION STATISTICS

PRESENTATIONS

Professional Inservice	#7 Sessions	#7 Attendance	#8 Sessions	#8 Attendance
Public Health Nurses	6	68	5	72
Other Professionals	1	12	5	26
Continuing Nursing Education (Breastfeeding)	1	30	1	35
Childcare Workers	2	20	1	12
Post-Secondary Students Staff Orientation	2	2	2	2
Health Councillors/ Interagency	1	12		40
Sub Totals	13	144	18	254
Community Groups				
Prenatal	1	8	1	16
Preschoolers	4	80		
School Students	5	104	8	190
Parents			1	8
Consumers:				
Eat Smart	8	143	1	14
Grocery Shopping Tours	15	123	1	5
Other	7	353	6	71
Employee Wellness Program			3	23
Sub Totals	40	811	21	327
TOTALS	53	955	39	581

CONSULTIVE SERVICES

GROUP	#7	#8
Professional - Health	60	116
- Education	5	18
Public	36	53
Community Agencies	3	8
Other	19	36
INDIVIDUALS		
PHN Consultations	10	36
Screened/Counselled	8	39
TOTALS	141	306

EARLY CHILDHOOD PSYCHOLOGY ANNUAL REPORT

Eigil Jensen

The Early Childhood Psychologist (ECP) provides developmental assessments, parent counselling and consultation to parents and others regarding children from birth to Kindergarten age.

The ECP continues to provide service to both the Saskatoon Rural and the Rosetown Health Regions. During the past year, the ECP spent 29 percent of his time on work for the Rosetown Health Region. A percentage of 40 is usually aimed at, however, the ECP did not work in the Rosetown Region for approximately three months due to a lengthy illness. Most of the administrative duties not directly related to clients were carried out in Saskatoon. The travel time between Saskatoon and Rosetown was split approximately 50-50 between the two regions.

Twenty-eight children were referred to the ECP in the Rosetown Region. These represent 45% of the combined number of children referred to the ECP in both regions. Fifty-four percent of these children were referred because a developmental problem was suspected. The remaining 46 percent were referred because of behavior problems.

Seventy-five percent of the referrals were from Public Health Nurses. The remaining 25 percent were from the Speech Language Pathologist, the Early Childhood Intervention Program, Social Services and Mental Health Services. The average age of the children referred was approximately 3 years 6 months. However, the age range spanned from 9 months to 5 years 7 months.

The ECP attended 43 appointments involving the attendance of the children and/or their parents. Sixteen of these concerned a development problem, 22 concerned behaviour problems while the remaining five concerned multiple and other problems.

In addition to the direct work with clients and their parents, the ECP also attended Admissions and Review Committee meetings of the West Central Early Childhood Intervention Program. These meetings are held approximately every second month and the location alternates between Kindersley, Rosetown and Kerrobert. The ECP's attendance at those meetings serves the purpose of both providing and obtaining information relevant to children on the ECP's caseload.

ECP STATISTICS

Percentage of total ECP time spent on Rosetown Region work		29%
Number of referrals received		28
Percentage of total ECP referrals received in the Rosetown Region		45%
Sources of referrals:		
Public Health Nurses	21	
Speech Language Pathologist	2	
Parents	1	
Early Childhood Intervention Program	1	
Others	3	
	28	
Reasons for referrals:		
Developmental Problems	15	
Behavior Problems	13	
	28	
Number of appointments with children and/or their parents		36
Percentage of total ECP appointments attended in the Rosetown Region		24%

SPEECH LANGUAGE PATHOLOGY ANNUAL REPORT

Colleen Martens

From April to August of 1990, speech and language pathology services were provided by Bernard Grela, Speech Language Pathologist. Mr. Grela transferred to Regina Rural in the fall of 1990. The SLP position remained vacant until November, 1990 when I filled the position. I graduated from a masters program at the University of Wisconsin-Eau Claire in August of 1990.

Regular clinics were re-established in January to Rosetown, Kindersley, Outlook and Biggar. The individuals seen for speech and language services receive therapy that ranges from weekly contact to contacts made every 4-6 months. The majority of therapy sessions involve training parents or spouses to be involved members in the therapy process. The family members become the main agents for change in the client's speech and/or language development or rehabilitation.

Referrals for speech and language services are primarily made by Public Health Nurses, however, other referral sources exist. The referrals for 1991 are noted on data sheet.

I will continue to provide speech and language services to preschool children and adults for the coming year.

I would like to thank the Rosetown Health Region's staff for all of their support, encouragement and friendship.

SLP STATISTICS

Sources of Referrals:

PHN Referrals (from 3 Year Core Screen)	
Preschool	30
All other PHN Referrals	
Preschool	29
Adult	0
Early Childhood Psychologist	
Preschool	3
Adult	0
Physician	
Preschool	0
Adult	6
Sask. Hearing Aid Plan	
Preschool	1
Adult	0
Parent	
Preschool	1
Adult	0
Other	
Preschool	2
Adult	5
TOTAL	
PRESCHOOL	66
ADULT	11
	77

Diagnosis of Primary Speech Language Problems

Articulation	
Preschool	23
Adult	1
Language	
Preschool	15
Adult	0
Voice	
Preschool	0
Adult	0
Fluency	
Preschool	1
Adult	0
Associated Conditions	
Preschool	1
Adult	2
Normal	
Preschool	5
Adult	0
TOTAL	
PRESCHOOL	45
ADULT	3
	48

DENTAL HEALTH EDUCATION SERVICES ANNUAL REPORT

Cynthia Ostafie

The Role of the Dental Health Educator

To promote dental health education in the community and to serve as a consultant to individuals or groups who request dental health information.

Elementary School Dental Health Program

The emphasis of the program remained on school children for the 1990-1991 school term. The program included presentations to Kindergarten - Grade 6 students. Toothbrushes, dental floss, pamphlets, posters and activity sheets were left with the participating students. Resource materials are provided to those teachers involved as well as to others on request.

Fluoride Mouthrinse Program

Fluoride Mouthrinse Programs are available to all schools where the fluoride level in the drinking water is below optimal levels for the reduction of tooth decay. The objective of the program is to reduce dental decay by weekly/biweekly "swishing" of a fluoride solution. Dental Health Educators provide schools with all the supplies, consultations and workshops necessary to operate a Fluoride Mouthrinse Program independently.

Two new schools implemented the program during the 1990-1991 school year. These were Willowpark and Dinsmore Colonies. Glidden, Eatonia, Smiley and Big Rose Colonies are presently awaiting approval to implement the program in their schools.

Preschool/Daycare Centres

"Charlie Chew and Gary the Gopher" remained as theme characters for the preschool kits. The kit contains dental health materials for use by the preschool workers upon request. The kit includes an instruction manual, storybooks, activities, songs, a mouth model, pamphlets, tooth stamps, and a dental mirror. Toothbrushes are left for the children.

Special Presentations and Displays

1. Kindersley Childrens' Festival - December, 1990
   - participated by setting up a dental display on "Sugars" and "Fluoride"
2. Participated in the Rosetown Preschool Tour on March 7, 1991.
3. Dental Presentation at the Biggar Public Library.
4. Dental Presentation at the Melanie Bartuzak Daycare Centre in Kindersley.

Seminars and Workshops Attended

1. DOS and Wordperfect "Introduction to Computers" Program on January 14, 15, 1991.
2. Staff Development Seminar - February 25, March 4, 1991
3. "Communications Workshop" - March 25, 1991
4. Seminar on "Heart Health" - February 12, 1991

Dental Health Month

April was Dental Health Month. Special activities for the month included:

1. Bulletin Board Displays were set up in the five Health Offices. Theme was: 5 Point Prevention Plan for Good Dental Health - Toothbrushing, Flossing, Dental Visits, Good Nutrition, and Fluoride.
2. A dental display at the Kindersley Mall on April 4, which featured a "Sugars" and a "Mouth Protection in Sports" display, as well as information on maintaining good oral hygiene.
3. School Newsletter, dental articles were submitted to the schools.
4. Dental Health Information Packages were sent to all Playschool and Daycare Centres.
5. Presented "Appreciation" packages to the 24 Parent Volunteers who continue to successfully maintain the Fluoride Mouthrinse Program at Perdue School.
6. The Highlight of April once again was the "Dental Health Month Baby". The first baby born in April in each of the hospitals received a "dental Health Month Tote Bag" which contained various dental products and information. Additional births received smaller dental packages.

Meetings Attended

1. Interagency Meetings
2. Dental Health Education Program Meetings
3. Program Representatives Meetings
4. Health Promotion Committee Meetings
5. Long Range Planning (Dental) Committee Meetings
6. Early Childhood Committee Meetings
7. Teambuilding Workshop Meetings

DENTAL HEALTH EDUCATION SERVICES STATISTICS

School Presentations

No. of Schools Visited	47	99% (due to a percentage of student absenteeism)
No. of classes Visited	248	
No. of Participating Students	4650	

Preschools and Daycares - "A Walk With Charlie Chew"

No. of Preschools/Daycares in H.R. #7	35	
No. of Preschools/Daycares contacted	35	
No. of Preschools/Daycares utilized kit	26	77% Preschools/ Daycares utilized kit
No. of Daycares who only look after infants	2	
No. of children participating	488	

Fluoride Mouthrinse Program

		No. of Participants
1.	Beechy Hutterite Colony	30
2.	Cando	47
3.	Clelland Hutterite Colony - Rosetown	31
4.	Conquest	69
5.	Dinsmore Hutterite Colony	19
6.	Goldenview Hutterite Colony	16
7.	Harris	110
8.	Kyle Hutterite Colony	13
9.	Macrorie	56
10.	Milden	54
11.	Novawood, Biggar	69
12.	Perdue	105
13.	Sonningdale	44
14.	Springwater Hutterite Colony	8
15.	Willowpark Hutterite Colony	10
16.	Woodrow Lloyd - Biggar	93
17.	Wordshop Christian - D'Arcy	9
	Total Number Eligible Student to Participate	840
	Total Number Students Participating	783
	Percent Students Participating	93%